# Row 3550

Visit Number: 7cdd64d6b6202117bf1cbb7c8632c13c0974df5c82f969683068510d3d82dd58

Masked\_PatientID: 3542

Order ID: d7f4548665c11b0b76f6b824a5385f1642ac7197ec3e4fd3a657342586fdc16e

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 01/11/2018 12:47

Line Num: 1

Text: HISTORY liver cirrhosis with HCC segment 7 S/P ablation lesion in the lung biopsy : inflammatory for surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 FINDINGS CT of 02/05/2018 was reviewed. ABDOMEN The liver segment VII post ablation site is stable. In segment VIII (5/28) there is a 5 mm focus of arterial hyperenhancement which is relatively stable from prior CT and indeterminate. Suggest attention on follow-up imaging. Near the dome in segment VIII, there is a 9 x 13 mm nodule best seen on the venous and delayed phase (9/16). This is no arterial hyperenhancement . It was vaguely seen previously and is non-specific. Patent portaland hepatic veins. No biliary ductal dilatation. Background liver cirrhosis is noted. There are para-oesophageal varices. The spleen is not enlarged. No focal splenic lesion is seen. There is small amount of ascites. No significantly enlarged lymph node is seen. The pancreas and adrenal glands are unremarkable. There is no focal renal lesion or hydronephrosis. The included bowel is normal in calibre. There is mild ectasia of the infrarenal abdominal aorta, measuring approximately 2.5 cm in diameter. THORAX There is interim improvement in the changes seen at the middle lobe , right upper lobe and lingula segment. Minor scarring is now seen in the lingula segment and the right upper lobe. In the middle lobe, there is mucus plugging but no consolidation is seen. Minor by apical scarring is noted. There is no new consolidation or nodules. There is no significantly enlarged lymph node. No cardiomegaly or pericardial effusion. There are some atherosclerotic vascular calcifications. There is bilateral gynecomastia. There is no destructive bony lesion. CONCLUSION In the liver, a stable tiny segment VIII flash enhancement and another segment VIII nodule are non-specific; suggest follow-up. No convincing hepatocellular carcinoma is detected. Background liver cirrhosis with portal hypertension. Previously seen lung changes in the middle lobe, right upper lobe and the lingula segment is significantly improved. There is mucus plugging in the middle lobe. May need further action Finalised by: <DOCTOR>

Accession Number: 563facc738a0f46b1359a554e9c50980817a92ef6d653af527126581ba8d5574

Updated Date Time: 09/11/2018 12:30

## Layman Explanation

This radiology report discusses HISTORY liver cirrhosis with HCC segment 7 S/P ablation lesion in the lung biopsy : inflammatory for surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 FINDINGS CT of 02/05/2018 was reviewed. ABDOMEN The liver segment VII post ablation site is stable. In segment VIII (5/28) there is a 5 mm focus of arterial hyperenhancement which is relatively stable from prior CT and indeterminate. Suggest attention on follow-up imaging. Near the dome in segment VIII, there is a 9 x 13 mm nodule best seen on the venous and delayed phase (9/16). This is no arterial hyperenhancement . It was vaguely seen previously and is non-specific. Patent portaland hepatic veins. No biliary ductal dilatation. Background liver cirrhosis is noted. There are para-oesophageal varices. The spleen is not enlarged. No focal splenic lesion is seen. There is small amount of ascites. No significantly enlarged lymph node is seen. The pancreas and adrenal glands are unremarkable. There is no focal renal lesion or hydronephrosis. The included bowel is normal in calibre. There is mild ectasia of the infrarenal abdominal aorta, measuring approximately 2.5 cm in diameter. THORAX There is interim improvement in the changes seen at the middle lobe , right upper lobe and lingula segment. Minor scarring is now seen in the lingula segment and the right upper lobe. In the middle lobe, there is mucus plugging but no consolidation is seen. Minor by apical scarring is noted. There is no new consolidation or nodules. There is no significantly enlarged lymph node. No cardiomegaly or pericardial effusion. There are some atherosclerotic vascular calcifications. There is bilateral gynecomastia. There is no destructive bony lesion. CONCLUSION In the liver, a stable tiny segment VIII flash enhancement and another segment VIII nodule are non-specific; suggest follow-up. No convincing hepatocellular carcinoma is detected. Background liver cirrhosis with portal hypertension. Previously seen lung changes in the middle lobe, right upper lobe and the lingula segment is significantly improved. There is mucus plugging in the middle lobe. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.